

 APPLICATION FORM 
WOMEN MARINES ASSOCIATION
 EDITH MACIAS VANN SOUTHERN CALIFORNIA CHAPTER

Instructions: This is an *Adobe PDF* formatted "form". As such, each field may be edited. Key in each field below, print the form (you can save it first, if you'd like), sign it and mail the form and your membership dues to the point of contact listed below. Mailing the form and membership dues are necessary as processing fee-charge accounts on our website are cost prohibitive.

Applicant Information		
Name; First:	M/I:	Last:
Address:		
City:	State:	Zip Code:
Date of Birth:	Home Phone:	Cell Phone:
E-Mail (Pri):	E-Mail (Alt):	
Marine Corps Information		
Service Dates:	From:	To:
Maiden/Service Name:		
Plt and Series:	MOS:	Molly Marine? Yes Year
Membership Information		
<i>Please note;</i> Prospective WMA EMVSC CA-7 Chapter Member applicants must be a member in good standing with the <i>National Women Marines Association</i> prior to joining a local WMA chapter. See www.womenmarines.org to apply for <i>National WMA Membership</i> .		
National Women Marines Membership Number	→ → →	Life?
Dues; One Year @ \$15.00 OR Two Years @ \$25.00	Number of Years <input type="text"/>	
"Hard Copy" of Monthly Ocean Tides @ \$15.00 per year¹	Number of Years <input type="text"/>	
Total Dues and Ocean Tides (Make check payable as noted below)	→ → →	
Emergency Contact Information		
Emergency Point of Contact Name:		
Address:		Phone:
City:	State:	Zip Code:
Relationship:		
Signature and Verification		
By my signature, I verify that all information contained within is correct and that I am eligible to apply having served or are honorably serving in the United States Marine Corps.		
Signature:		Date:

Please make your check payable to: **EMVSC, CA-7, WMA**

Complete, Sign and Mail this form along with "Total Dues and Ocean Tides" Amount to:

Dorothy Munroe, Treasurer
WMA Edith Macias Vann Southern California Chapter CA-7
5030 Corinthia Way
Oceanside, CA 92056-5152

¹ The Chapter Newsletter "*Ocean Tides*" is published monthly, *except during July and August*. Electronic copies are e-mailed members free of charge. This annual \$15.00 "*Administrative Fee*" is required to defray the costs associated with printing and mailing our newsletter.


MEMBER BIOGRAPHICAL DATASHEET

WOMEN MARINES ASSOCIATION
 EDITH MACIAS VANN SOUTHERN CALIFORNIA CHAPTER

Members Information			
Name; First:		M/I:	Last:
Address:			
City:		State:	Zip Code:
Maiden/Service Name:			
Date of Birth:		Home Phone:	Cell Phone:
E-Mail (Pri):		E-Mail (Alt):	
Educational Background			
High School Name:		City, State:	
College/University:		Bachelors:	Arts Sci
City, State:		Discipline:	
University:		Masters:	Arts Sci
City, State:		Discipline:	
University:		Doctorate:	MD PhD Oth
City, State:		Discipline:	
Marine Corps Information			
Service Dates: (Retire?)		From:	To:
Place of Enlistment:		City:	State:
Highest Rank Obtained:			DOR:
Military Occupational Specialty:		(P)	(A)/(A)
Duty Stations:		(1)	(2)
(3)		(4)	(5)
Recognitions, Awards, etc:		(1)	(2)
(3)		(4)	(5)
Family History			
Parents/Guardian Names:			
Siblings Name(s):			
Emergency POC Name:			
Address:			Phone:
City:		State:	Zip Code:
Relationship:			
Other Information			
Chapter Information >>		Date Joined:	Member #:
National WMA Information >>		Date Joined: Life?	Member #:
Offices Held:			
Other Information (optionally enclose additional information on separate page(s) as desired; i.e., Post Marine Corps Work History, Interests, Volunteer Activities, Other Biographical Information of Interest/Importance, Pictures, Awards, etc.):			
Signature:			Date: